

UK study challenges use of mental health impact to justify ending COVID-19 lockdown

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Since the onset of the coronavirus pandemic there have been repeated alerts about an escalating mental health crisis. Psychiatrists' warnings from last May of a potential "tsunami of referrals" after lockdown were seized on by the right-wing media to fuel demands for a return to work.

Ongoing research by the COVID-19 Psychological Research Consortium (C19PRC) paints a more nuanced picture of the mental health crisis, and suggests a more rational response that protects both physical and mental health.

C19PRC is an international multidisciplinary team of clinical and research psychologists centred at Sheffield University, studying the psychological, social, political and economic impact of the pandemic. Their research points to interpersonal trauma as having a more damaging effect on mental health than collective trauma.

At the beginning of the first lockdown, C19PRC, a team of experts from five British universities, began surveying 2,025 adults "representative of the UK population in age, sex, household income, political attitudes and many other factors." Their survey was not confined to mental health, but also covered family relationships, attitudes to vaccines and coronavirus conspiracy theories, adherence to social distancing and other related topics. They have collaborated in similar surveys internationally.

C19PRC have continued surveying these individuals as the pandemic has unfolded and have begun to draw out some patterns. Like other researchers, C19PRC saw an initial increase in rates of depression, anxiety and stress with the onset of the first lockdown. Those who had previously experienced mental health problems were hardest hit, but researchers noted the impact on the poor, the young, and those with small children at home.

Lockdown conditions were exacerbating existing problems.

Young workers have been particularly affected. In October-December 2020, after nine months of pandemic measures, fully one quarter of all those unemployed for 12 months or more were aged 16-24.

The unemployment rate for 16-24-year-olds in October-December 2020 was 14.4 percent. This had risen over the preceding year, but for the last period before lockdowns already stood at 12.1 percent—giving the lie to arguments that reopening

the economy was for their wellbeing.

A survey of 1,300 mental health doctors last May reported a dramatic reduction in routine appointments. Professor Wendy Burn, president of the Royal College of Psychiatrists (RCP), expressed concern that this was "storing up problems" that would culminate in "a tsunami of referrals."

When former RCP president Adrian James described the current crisis as "probably the biggest hit to mental health since the second world war," he was careful to oppose using this as an argument against lockdowns and the need for controlling the virus. But those most enthusiastic about reopening the economy, ending the lockdown and forcing a return to work used such observations to give their demands a humanitarian gloss.

The pro-Conservative government *Daily Telegraph* cited Office for National Statistics (ONS) figures showing that rates of depression in adults have doubled during the pandemic to one in five, and a recent National Health Service (NHS) survey showing that one in six children is and now experiencing mental issues such as anxiety, depression and loneliness, up from one in nine in a comparable 2017 survey. Referrals to child and adolescent mental health services at their highest on record, and up 20 percent on the previous year.

Describing "The whole system [as] clearly under pressure," Adrian James said, "You've got to fund the long-term consequences" of the pandemic. The *Telegraph* used this as an opportunity to promote full school opening. They quoted Dr Bernadka Dubicka of the RCP speaking of children's "sense of loss" at their exam preparations coming to nothing, and of "Landmark occasions" being "lost; never to be experienced by hundreds of thousands of children."

In similar vein, former RCP president Simon Wessely was quoted saying, "We have taken away a whole year of students' lives... For many of us those are the times that defined our futures." His comments were directed solely at mental health provision, but the *Telegraph* deployed him against lockdown more generally.

A comment piece by Dubicka was accompanied by a box graph showing "41 percent of children say they are lonelier than before restrictions were put in place; 38 percent of children say they are more worried due to lockdown; 37 percent

of children say they are sadder due to lockdown.”

Dubicka wrote of schooling as “helping children move out of poverty” because poorer children who are less able to engage in remote learning will therefore find their “ability to reach their full potential and flourish in the workplace will be limited and could potentially consign them to a life of poverty—one of the key drivers of mental illness.”

This is back-to-front. Poorer children must go back to school to escape a life of poverty, but what of the impact of the poverty they are already living in? And why does such disadvantage magically disappear in a classroom setting, when all available evidence point to social class as the primary determinant of educational achievement?

This is where C19PRC’s findings are most suggestive. While confirming the problems experienced during the first lockdown, they subsequently noted a general reduction in the number of people reporting “above average” levels of psychiatric symptoms, in line with other studies. There was instead a “picture of adaptation and resilience,” with some coming together collectively, stronger social bonds and a sense of belonging and shared identity. C19PRC confirmed that the pandemic had hit hardest those with a history of poor mental health, but its findings point to an underlying cause quite different to that proposed by the right-wing media.

Writing in the *Guardian* against the “tsunami” narrative, Professor Richard Bentall said it was “important to recognise that some of the consequences of the pandemic have been beneficial—people who have kept their jobs have often saved money, the daily commute has been eliminated for some, and we found that most parents of older children have enjoyed having their kids at home.”

In mental health, as in all aspects of socio-economic and political life, the pandemic has acted as an accelerant for tensions and crises that already existed. This is corroborated by a Spanish study Bentall was involved in, into post-traumatic symptoms (PTS) and post-traumatic growth (PTG) during confinement caused by the coronavirus. That study confirmed “the important role of intolerance of uncertainty in relation to PTS”—and, more specifically, to current anxieties.

In other words, what is causing the mental trauma is not primarily the pandemic in itself but its effect on the work stresses and instability of life under capitalism. Those most likely to suffer worsening mental health are those already most traumatised by the profit system which casualises, trivialises and discards every aspect of workers’ lives and work.

This was confirmed by last summer’s report from mental health charity Mind, which found that over half those living in social housing said their mental health was poor or very poor. Two-thirds living in social housing reported worsening mental health during lockdown. Nearly three quarters of those who were furloughed, lost their job or changed jobs saw a decline in their mental health, compared to two-thirds whose employment status did not change. More than half receiving free school

meals (58 percent) said their mental health was poor or very poor, compared to 41 percent not receiving free school meals.

Mind’s Head of Policy and Campaigns, Louise Rubin, said the survey revealed the major drivers of mental health problems were anxieties around benefits, losing jobs, and being able to put food on the table. This was an existing social crisis accelerated by the pandemic creating mental health problems.

The forced reopening of workplaces does not ease the mental health of workers. Accompanied by a worsened threat to life and health, and the speed ups, job cuts and wage slashing of the employers, it will worsen it.

Trying to temper the “tsunami” arguments, Bentall touched on this underlying crisis with reference to the restricted availability of health provision under capitalism. “Even if there really were a tidal wave of mental illness washing over the population,” he wrote, “what would anyone be able to do about it (*it would not be possible to install a clinical psychologist in every neighbourhood*)?” [emphasis added] “When additional resources are available for mental health services,” he wrote, they should be targeted at the most vulnerable.

Health provision should not be dependent on additional funding possibly becoming available. Like every aspect of social and economic life, it must be rationally planned and delivered for the benefit of all, not for corporate profit.

Bentall wrote of the “practical implications” of their findings: “The government can most preserve the population’s mental health by protecting people from the economic consequences of the pandemic.”

Those economic consequences, however, are the inevitable product of the capitalist profit system in which the interests of the corporations and the super-rich are prioritised over the health and well-being of the working class. The solution lies with the socialist reorganisation of economic and social life.



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